

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-679)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	NO.	DEF.	NO.	DEF.	NO.	DEF.		NO.	DEF.	NO.	DEF.	
1							61					
2							62					
3							63					
4							64					
5							65					
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46												
46												
47												
48												
49												
50												
TOTAL NO.	8						TOTAL NO.					
TOTAL DEF.	29						TOTAL DEF.					
TOTAL	37						TOTAL					